| TRAV | EL EXP | PENSE CLAIN | 1 | S | See Instri | uctions ar | nd Privacy | y | | | | | | |
|--|----------------|--------------------------|----------------|-----------------|---------------------------------|--|---------------|---------------|---------------|-------------|--------------------------|----------------------|-----------|-------------|
| STD 262 (REV 10/92) Stateme | | | | | | nt on Reverse Side ISSAN OR EMPLOYEE NUMBER DEPARTME | | | | | Page 1 of | | | 1 |
| | | | | | | | | | | | | | | |
| Francisco Castillo | | | | | | DIVISION OR BUREAU | | | | | Inications INDEX NUMBER | | | |
| Deputy Press Secretary | | | | | | | | | | | | | | |
| RESIDENCE ADDRESS | | | | | | HEADQUARTERS ADDRESS | | | | | TELEPHONE NUMBER | | | |
| | | | | | - 17-4-17 The Joseph To Colored | | | | | | | allow horses and the | | |
| | | | | | | CITY | | | | STATE | | | ZIP | |
| | | | | | | | | | | | | | | |
| | | | | MEALS | | | | TE | RANSPORTAT | ON | | | | |
| MONTH/YEAR | | LOCATION WHERE EXPENSES | LODGING | DOSAVEAGE | | | INCIDENTALS | COST OF | | CARFARE, | | CAR USE | BUSINESS | TOTAL |
| | | | | | | | | | | TOLLS, | | | | |
| DATE | TIME | WERE INCURRED | | BREAKFAST | LUNCH | DINNER | | TRANS. | TYPE USED | PARKING | MILES | AMOUNT | | FOR DAY |
| 8-Apr | 5AM | Sacramento-Bur | | | | | | 329.20 | | | 10 | 4.45 | | 333 65 |
| Q. A | 3РМ | Burbank-Sac | | | | | | | | /900 | 10 | 4.45 | | 12.45 |
| 8-Apr | 31-101 | Bulbank-Sac | | | | | | | | 7.00 | 10 | 4.43 | | 13,45 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| 15-Apr | 5AM | Sac - OC | | | | | | 289.20 | | | 10 | 4.45 | | 293.65 |
| 13-7501 | 37 (141 | 040 00 | 1 | | | | | 207.20 | | | | | | 275.05 |
| 15-Apr | 5PM | OC - Sac | | | | | | | | 9 00 | 10 | 4.45 | | 13.45 |
| | | | | | | | | | | | | 0 00 | | 0.00 |
| | | | | | | | | / | | / | | | | |
| 19-Apr | 6.30PM | Sac-Burbank | 146 02 | | | | 6 00 | 279.20 | | 30 00 | 10 | 4.45 | | 465 67 |
| 20-Apr | 6.30PM | Burbank-Sac | | | | | | 52.89 | | / 900 | 10 | 4.45 | | 66.34 |
| | | | | | | | | | | | | 0.00 | | |
| | | | | | | | | | | | | 0.00 | | 0 00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
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| | | | - | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | 8 | 0.00 | | 0.00 |
| | | | | | | | | | | | | | | |
| SUBTOTALS 146 02 COLUMN CODE (ACCTG. USE ONLY) | | | | 0.00 | 0.00 | 0 00 | 6.00 | 950 49 | 0 00 | 57 00 | 60 | 26.70 | 0.00 | |
| COLUMN | CODE (| ACCTG. USE ONL | 1) | | | | | | | | | | | |
| | CLAIM | I TOTAL | | | | | | | | | | | \$1,18 | 36.21 |
| PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) | | | | | | | | | | | NORMAL WORK HOURS | | | |
| | | Gov's WE Connec | | | | | | | | | | | - | |
| 4/15/09: | Staffed | Maria at Opening | g of WE | Connect 1 | Neighbo | rhood Ce | enter in O | C | | | PRIVATE | /EHICLE LI | CENSE N | JMBER |
| 4/19/09: | Staffed | Maria at African | First Lad | lies Sumn | nit | | | | | | | | | |
| | | | | | 55,550 | | | | | | MILEAGE | RATE CLAI | MED | |
| | | | | | | | | | | | 0.445 | | | |
| | | | | | | | | | | | AGENCY ACCOUNTING OFFICE | | | |
| I HEREBY CERTIFY. That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of | | | | | | | | | | | USE ONLY | | | |
| California | If a privately | owned vehicle was used | and if mileage | exceeds the | minimum rat | e, I certify the | cost of the o | perating the | vehicle was e | equal to or | PAID BY | REVOLVING F | UND CHECK | NUMBER |
| greater than | the rate cla | imed and that I have met | the requireme | ents as prescri | ibed by SAN | Sections 07 | 50, 0751,0752 | 2. 0753 and 0 | 0754 | 1 | 15 | MIN | 5X | $\supset 1$ |
| pertaining to | vehicle safe | ety and seal belt usage | | | | | r | | | | | 10 | 10 | <i>∞</i> |
| | | | | | DATE | | | | | | | | DATE / | , |
| | | | | 5 | 1410 | 9 | | | | | 5/4/09 | | | |
| | | | | | | | | | | | | | DATE | <u> </u> |
| | | | | | | | | | | | | | 5/12 | na |